

Business / Farm / NPO Occupancy Survey

Basic Information

Project Title:		Parcel No.:	
Legal name of business:		Displacee No.:	
DBA:		Business phone:	
Owner(s) name(s), if different from above:	Fax:		Alternate phone:
	Email:		Other:
Type of operation/nature of business: <input type="checkbox"/> Landlord <input type="checkbox"/> Retail <input type="checkbox"/> NPO <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other		Ethnic Identification Category: <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	
Business site address:	Business mailing address:		
This information is required by Title VI			

Present Operation

Type of Displacement: <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> NPO <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor			
Total building(s) square footage:		Lot size:	
Number of employees:			
Replacement preference: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Own Land		Number & types of other businesses owned: Number: Types:	
Any special utility needs:		ADA Requirements:	
Do you depend on truck deliveries? <input type="checkbox"/> Yes <input type="checkbox"/> No Size: Access From:			
Special displacement building features:			
Land: <input type="checkbox"/> Own <input type="checkbox"/> Lease		Lease rate: Expiration of lease:	
Building: <input type="checkbox"/> Own <input type="checkbox"/> Lease		Lease rate: Expiration of lease:	
Special lease terms:			Renewal options in lease:
Do you sublease any portion of this property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the business grandfathered in: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own or lease any other property for this business:		Special zoning requirements:	
Shareholders or partners of business:		Do you plan to keep your business in operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours & days of operation:		Seasonal business:	
Busy time of year:		Slow time of year:	
Best time of year to move: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Do you store hazardous materials: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	
Where is customer base located:		Do you have a computerized inventory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a floor plan layout: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type and nature of other needs:	

Personal Property Questions

What equipment/personal property affixed to your property will need to be moved:
Will any equipment be difficult to move:
Special personal property:

Service Providers

Phone:	Cable/Internet:
Computer:	Security:
Other:	Vendor-owned equipment (vending machines):
Additional comments:	

Desired Replacement Site Requirements

Building size:	Lot size:
Shipping/Receiving accommodations:	Location:
Physical Layout:	Special utility needs:
Floor loading:	Height:
Storage:	Parking:
Other replacement site requirements:	
Do you have a replacement site located: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what are your location needs?	
Anticipated difficulty in locating replacement property and rationale:	

Additional Information

Identification of advance payments that might be necessary to complete the business move:
Do you plan to use your own forces to complete the move:

Relocation Cost Estimate

Reestablishment:	Moving costs:	Relocation Specialist:	Date:
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